WORLD CHRONICLE

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PROGRAMME: **"WORLD CHRONICLE"**

GUEST: Richard Reid, Director
Division of Public Affairs, UNICEF

JOURNALISTS: Ian Williams
The Scotsman

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Associated Press

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News Agency of Nigeria

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SYNOPSIS

Richard Reid, Director of UNICEF's Division of Public Affairs, declares that during the last decade, 80 percent of the world's children have been vaccinated against six childhood diseases that kill more than two million children annually. By the year 2000, vaccination would reach 95 percent of all children. Efforts are now being made, Mr. Reid says, to control other major killers such as AIDS.

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VOICE: From United Nations Headquarters in New York, this is **WORLD CHRONICLE**, an unedited interview programme about major global issues. Here now to introduce our guest is the host of today's **WORLD CHRONICLE.**

MORELLO: Filling in for Michael Littlejohns, I'm Ted Morello and this is **WORLD CHRONICLE.**

Vaccine-preventable diseases are still the main cause of child mortality worldwide. Each year more than two million children, mainly in developing countries, die of preventable childhood diseases.

Jointly with the World Health Organization and other UN agencies, the United Nations Children's Fund, UNICEF, has waged a global and successful programme of child immunization.

Our guest today, Richard Reid, has been actively involved in the campaign. He is Director of UNICEF's Division of Public Affairs.

Mr. Reid is from the United States and has previously worked for UNICEF in a number of countries where his responsibilities included running immunization campaigns, sometimes in civil war situations.

He will be interviewed here at United Nations Headquarters in New York by: Ian Williams of The Scotsman; Victoria Graham of the Associated Press; and Obi Emekekwue of the News Agency of Nigeria.

Before we begin our discussion, let's look at just one example of how vaccinations against six major childhood

diseases have been brought to the world's children.

Our correspondent Steve Whitehouse reports:

NARRATION: Youngsters arrive at a settlement on the Atlantic coast of Honduras. They're here for an appointment, one that will give them the best possible chance of growing up healthy. Vaccine preventable diseases still claim the lives of many children in Honduras and throughout Central America. Immunizing the population is one of the most effective ways of cutting the infant death rate. Christina Deutsch, a nurse working with the UN Observer Group in Central America, ONUCA, boards a UN helicopter in the capital, Tegucigalpa. Normally used by the UN to monitor the Central American peace process, on this day the helicopter has been put at the disposal of Honduras' nationwide immunization campaign. It means medical teams can reach areas normally only accessible by boat or on foot. The operation is called "Niño Perdido" - lost child. It's certainly a world away from Munich in Germany where Christina worked in the intensive care unit of a hospital.

DEUTSCH: "I really wanted to do something different. I wanted to get to know something outside the hospital. And I've always wanted to work in a foreign country".

NARRATION: The vaccinations protect children from a wide range of diseases -- among them, measles, polio, diphtheria and tetanus. The people

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here are largely Miskito Indians. It's one of the poorest communities in the country. Local mothers, however, are well aware of the importance of preventive medicine.

LOPEZ: "There's a lot of sickness among the children here. We live in a very isolated place. But we all know how crucial it is for our children to get their shots".

NARRATION: The vital vaccines have to be kept as cold as possible before use. The availability of the helicopter means they arrive in good condition in communities without electricity. Vaccinations are completed at this location. It's time for Christina to say goodbye to local medical officials. Use of the UN helicopter meant some 2,000 children were reached in 24 remote settlements. It's a welcome boost for the Honduran vaccination campaign. For local kids, a sore arm they will soon be forget, but vital long term protection against the killer diseases of childhood.

MORELLO: Mr. Reid, your experience has taken you to many corners of the world, from Africa, the Middle East to the Pacific. Could you explain on the basis of your career why it is that despite the ready availability, child immunization is so grossly under-utilized. What is the reason for the gap between the potential and the performance?

REID: Ted, I think we've reached the potential at the moment with the achievement of universal immunization. Eight

months ago, the governments of the world achieved a target that had been set in 1974 to give a protective shield of vaccination to all of the world's children. To successfully accomplish this, what we have to do now is to assure that level of courage and protection will be sustained. That's a big challenge before us and talking about that challenge is something that would be done here at the UN on October 8 when Dr. Nakajima the Head of the World Health Organization, Mr. James Grant, the Executive Director of UNICEF, the Secretary-General of the UN and a number of other VIPs and dignitaries and health ministers will gather to certify the achievement and to determine that the promise of that achievement - the promise of sustaining it and making sure that children will continue to be protected - can be sustained. It has been done and now the trick will be to keep it going because a huge global effort involving tens of millions of people - probably the largest peacetime mobilization, the largest peacetime global collaboration in history - has lifted us up to where we are. Huge numbers of vaccines had to be moved by every kind of conveyance, from dug out canoes to mules and camels, helicopters as we saw, and the participation in this global mobilization was enormously various with heads of state giving the shots themselves, bicycle mechanics doing it and a mobilization to get people to bring their children to the vaccinations stations, involving religious leaders, national role models such as athletes and singers and poets and composers. An effort crossed the whole spectrum of society and culture and for many countries provided a unifying activity that truly got everyone galvanized.

MORELLO: So this would hopefully narrow the gap that we mentioned.

EMEKEKWUE: Mr. Reid, you mentioned that universal child immunization has been achieved. To what would you attribute the

success of this programme?

REID: It was two kinds of a success. It was a terrific technical epidemiological success which involved a tremendous number of health workers and people who were trained temporarily to be vaccinators and enumerators and recorders of vaccination stations. It required a logistical and technical effort in what we call the cold chain which is the series of refrigerated links through which the vaccines that have to be protected and kept at a certain stable temperature, need to pass before they inject it into the child or given by drops into his mouth. It also involved a lot of administrative effort that extended in many countries to beyond the point to which the postal services reach. We've talked to a number of heads of state, a number of regional governors that have told us that this vaccination effort went beyond the postal services. And that's why we do estimate - and I don't think we will have a strong opposing contender - we do estimate that it has been the greatest peacetime collaborative effort in history. But apart from the epidemiological and technological side of the achievement, there was the great social mobilization in all parts of the world. That, in different cultural ways, brought out all of those who could cause habits and thinking to change and cause people to realize that nothing was more important than getting their children to vaccination stations at the time the vaccines and the vaccinators would be there.

GRAHAM: Mr. Reid, you said that about 80 percent of the children under the age of one had been vaccinated. What about the other 20 percent? Could you tell us something about the coverage, the gaps, where are these other children? Are there some other parts of the world that stand out as those which need more attention?

REID: Almost all the countries in the world have achieved the 80 percent target but as you say that still leaves 20 percent and that disparity, the children in those pockets of disadvantage or isolation, are the ones who still have to be reached. And that's why we've set ourselves, the World Health Organization and UNICEF and others, the goal by the end of this decade, by the year 2000, of reaching 95 percent of all children. Then you may say, why not a hundred percent? I think a hundred percent would be a dream almost beyond achievement and we know from what there is in the spread of the diseases, that if you've reached even 80 percent, you've basically put these diseases under control. They will not spread like wildfire through a vulnerable population and cause the kinds of high rates of child death and handicapping that a disease such as measles has caused up to now. But we are setting this target and in what we talk about in our gathering to certify and commemorate this achievement on October 8, will be reiterating these goals for the year 2000 and also we're set to eliminate tetanus, one of the main killer diseases and to eradicate polio by the years 2000 and 1995 respectively, so we still have these killer diseases and in our sights and we're still going after them but we think that the main lunge has been made.

WILLIAMS: Mr. Reid, you referred to pockets of isolation and disadvantage. According to the United Nations Development Programme's Human Development Report, one of those pockets of isolation and disadvantage was the United States which in 1988 had a lower immunization rate than Haiti. I think it is at 48 percent. Has there been any progress and could you comment? Because we tend to think of this as the industrialized world helping the third world and here we have the centre of the industrialized world at a pocket of isolation and disadvantage.

REID: You've pointed out a very interesting paradox, a

shaming paradox and I'm afraid that contrast is still fundamentally true although a number of the industrialized countries including he United States have awakened to the fact that they'd better pull up their socks with regard to protecting their children against the vaccine-preventable diseases. Most of them had their own big drives against such diseases as polio back in the 50's and the 60's and since then have fundamentally laid back on their oars for lots of reasons. But clearly that's simply inexcusable now as we look at the developing countries and see that their levels of immunization are considerably higher than the levels of western European or Nordic or North American countries. And here in the United States there has been a recent, very substantive measles panic as measles outbreaks have occurred around the country. And it's been clear that protective shield of vaccination has to be up everywhere and not just in the so-called developing countries.

EMEKEKWUE: What strategies have been adopted to ensure that the high level of immunization you have so far achieved, does not relapse, that we don't go back to the old situation?

REID: It will basically depend on the political will that was mobilized during the 80's. It was during the 80's that the real push towards the goal of universal child immunization was done, starting fundamentally in 1982 or '83. It was from '83 to '90 that the world really churned into high gear. Now the question is how do we sustain those levels and on what will that sustainability be based. It was political will, the determination of governments, the determination of individual heads of state and regional governors and the mayors of large cities that caused the propulsion which made this possible. And we had 71 heads of state at the World Summit for Children last September, almost every one of those heads of state had been personally involved in an immunization programme and of the 86 other countries that were

represented at the Summit at very high levels, let's say at the foreign minister level, almost all of those countries also had their top politicians, their leaders, their role models not only in politics but in sports and in culture, the leading comedians of the country, the national football goalie, the best actors and all the others coming up and stressing the need for immunization. It's that that we can depend on to keep this going. I think the fact of having achieved which nobody thought was possible adds a real incentive and fills the sails of our determination with wind that will push us forward still more. Clearly, matching up from 80 or 82 percent where we are now to 90 percent is going to be a greater effort than reaching 30 percent from 15 percent was back in 1982. So we're going to have to buckle ourselves into the harness and make it happen.

MORELLO: The programme is **WORLD CHRONICLE**. Our guest is Richard Reid, Director of UNICEF's Division of Public Affairs.

GRAHAM: Are your programmes which are clearly very desirable and often very popular ever linked as incentives with other programmes which might not be so enthusiastically received, for example, some family planning - possibly voluntary sterilization, some literacy programmes? Is there ever a clustering?

REID: Yes, there is and we've counted on that since the mid-80's. One of the other great killers of children is the dehydration and diarrhoea. And it, in fact, brings down as many children into the spiral of handicapping as the vaccine-preventable diseases. Now it is more complex and it requires more training and more education than immunization does. Immunization has always been the simplest, most low cost, most easily administrable tool in public health. But we have used the success of immunization and the push and outreach that it has given to public health programmes

and the popularity it has given. The attracting of people to the health stations to also make sure that mothers are trained in oral rehydration which is the way to keep the child from slipping toward death from the dehydration that comes with diarrhoea. We've also linked it with control of the acute respiratory illnesses such as pneumonia which is the third largest cause of child death and handicapping. And a number of other things have caught on, anti-smoking campaigns have been built on to the back of the success of this all-purpose vehicle of public mobilization that came with immunization and there has been and is a lot of clustering. There's no question that this globalization effort to get all the kids immunized, re-wired the public health system and galvanized hope about what could be done about the do-able. Clearly if you could go beyond the postal system with a mobilization, could reach more people than that, could get more people enumerated, enrolled, aware of what the government can do, you've made an advance that you have to capitalize on and exploit.

GRAHAM: And family planning programmes, would those be coupled in a way?

REID: Anything that has to do with child spacing or better maternal health could be and have been linked in with this because again you have a contact with the people. They have gained confidence, they've come back four times to have their kids immunized and each time, as promised, the government or the health services have been there to reward them with fast service, a painless immunization, a child who is protected and all the rest. That building of confidence leads to a lot of other possibilities.

WILLIAMS: Beyond the six killer diseases you mentioned, there are many more diseases, if you think of hepatitis in its various forms, malaria, bilharzia, leprosy, sleeping sickness, all of these

prevalent across the world; they disable and kill millions of children. I know that some progress has been made on vaccinations for some of these ailments, but is this part of your next phase?

REID: The World Health Organization and UNICEF and all of us who are working at getting at the mainstream causes of misery and death for kids will go after the diseases that are the most prevalent. And a number of the ones that you have mentioned are either now the targets of specific programmes to eradicate or control them or have over time, because of improvements in public health, been so diminished that they are no longer great threats. But there are efforts now that we've gotten the big killers more or less under control at least for the time being to go after some of the ones that I won't say are marginal, but certainly take fewer lives. And we're also looking at super vaccines. A big effort is being made to move toward a single vaccine which will encompass and group the vaccines that we now have against the six main killer diseases. Also AIDS vaccine research is going on at furious pace, with a few flashes of hope on the horizon. But yes, these other diseases which are probably less prevalent than you would think now are being gone after because we've seen what can be done. The first great proof of that was back in the 70's and early 80's in the eradication of small pox. Small pox which was the scourge of the world which decimated a third of the population of western Europe in two different centuries, is now gone. It exists only in a laboratory vial. It's finished. There hasn't been a case since the end of the 70's and we are going to do the same with these other killer diseases which actually killed more people in this century - these childhood killer diseases - than small pox ever did. We got them under control and that gives the incentive and the forward motion and the push that will see us get these other diseases that you've mentioned but then new ones will crop up. No one ever anticipated AIDS and we have to be alert and always on our

toes to do what we can to catch those.

EMEKEKWUE: Mr. Reid, can you give us a sense of the costs involved in the immunization programme and how much of it was borne by the UN system as compared to the various countries?

REID: I would say that even in the countries that were helped the most by the UN system not more than ten to twenty percent of the costs were born by the UN, by WHO or UNICEF or great donors from the private sectors such as the Rotary Club which put up more than a hundred million dollars. It was governments that did it but in most cases, we found that the increase in the budget, in the health budget, for immunization in a given country was not that great. The increase in efficiency was terrific and the increase of mobilizing resources that no one had ever used for public health before - the disc jockeys, the poets, all of those in the country who could mobilize people, all the religious leaders, imams, priests, every sector in society that had a chance to influence - was mobilized so those costs could be given a dollar total and a dollar symbol. They didn't take anything out of the national treasury and we would like to feel that it simply was something absorbed into the will of the country. I remember when I talked to the President of Nigeria about what the costs of the ambitious programme there would be and I said, "17 million naira", and his eyebrows raised and he said, "Isn't that a lot?" and I said, "Your Excellency, that's what you have in the immunization budget right now". And it turned out not to cost more.

GRAHAM: We're hearing a lot about the situation inside Iraq and the suffering of the Iraqi people especially children and there are reports that there isn't enough vaccine, not enough medicine. Can you give us any insight about that situation?

REID: I was recently in Iraq and I oversaw the Iraq programmes and you may note that I led the UNICEF side of the team that went in, the UN team that went into Iraq in February during the bombardment and we're staying in close touch with what's happening there. On the vaccine side and on the side of medicines and preventive measures that are needed for children, there is enough in the way of supply. For a lot of the other things that would be done for adult diseases, for the kinds of operating theatre equipment that's needed - kidney dialysis and so forth - things like that are very definitely lacking but there's been quite a success in epidemic containment in Iraq. The huge outbreaks of cholera and typhoid that were expected have not happened. There is cholera, there is typhoid but, in controllable numbers, maybe 100-200 new cases a week and that's nothing like what was expected. We thought there would be tens of thousands of deaths. So on the side of vaccine prevention , I think we can say that the International Red Cross and the United Nations and a lot of NGOs that have poured into Iraq have done a very good job of getting the vulnerable kids immunized.

WILLIAMS: I understand one of the reasons in the western world at one point why there was that lack of take-up of whooping cough vaccine were fears about the side effects and brain damage. Have they been allayed?

REID: I can't tell you where research has taken us on that but I do know of those fears. I know that when we began in west Africa pushing immunization and in the Middle East, in Asia, in the early 80's there were, on the part of some epidemiologists, fears that these side effects could set us back. But when we took into account the fact that we can anticipate only one case of severe damage to the child out of every four hundred and fifty thousand immunizations given, we simply decided that the costs of not doing

were greater certainly than the costs of doing it. Norway or United States or another country like Japan that had high immunization coverage levels might very well have given pause by such numbers but when you have, as in some countries, 800 or 900 children dying everyday from vaccine-preventable diseases and you have that life preserver that you can throw to them and you know that would give them 95 percent protection and they won't die, certainly the common sense of public health dictates that you take care of them and we have and there had been almost no cases of the kinds of side effect that we would have worried about, not nearly enough to stop us from doing the life-saving thing that was done.

MORELLO: Mr. Reid, it's been suggested that perhaps AIDS is a more dramatic phenomenon, that is, a serious one in comparison with other killer diseases. Would that be a fair assessment?

REID: I don't think so. No. I think especially in east and central Africa where you will find 20 to 30 percent of all women of child-bearing age having HIV and you realize that many, many tens of thousands of children will be born with the virus, you know that it's a huge thing and it's something which if not contained could greatly undermine so much that has been done to turn around the trends toward infant mortality. One of the things you see that the achievement of universal child immunization has done is to terrifically reduce infant mortality. We've seen in the decade of the 80's an enormous fall in infant mortality far faster than the falls in infant mortality that any of the advanced industrial countries ever experienced. We've seen them. Many of the developing countries cut their infant mortality rates in half in ten years - an achievement that took 20, 30 to 50 years to do in the advanced countries. So there's been that, but now we worry that much of this achievement or at least a good part of it could be undermined by AIDS. So as we said, we have to keep ourselves

buckled into the harness and working on that.

MORELLO: Mr. Reid, that's all the time have.

Thank you for joining us on this edition of **WORLD CHRONICLE**.

Our guest has been Richard Reid, Director of UNICEF's Division of Public Affairs.

He was interviewed here at United Nations Headquarters in New York by: Ian Williams of The Scotsman; Victoria Graham of the Associated Press; and Obi Emekekwue of the News Agency of Nigeria.

I'm Ted Morello. Thank you for joining us. We invite you to be with us for the next edition of **WORLD CHRONICLE**.

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